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CONFIRMATION NO. 2817

<b>SERIAL NUMBER</b> 10/001,643	<b>FILING OR 371(c) DATE</b> 10/31/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 19603/3541 (CRF D-2694A)
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/245,306 11/02/2000 *g*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 2
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *g* Examiner's Signature *g* Initials

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**TITLE**  
 In vivo multiphoton diagnostic detection and imaging of a neurodegenerative disease

<b>FILING FEE RECEIVED</b> 661	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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